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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 4992-1US	
		First Inventor Barnett B. Rosenblum et al.	
		Title	POLYNUCLEOTIDE SEQUENCE DETECTION ASSAYS AND ANALYSIS
		Express Mail Label No. EV 320 407 281 US	

22154 U.S. PTO
10/7/18237

111903

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 46]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 14]</p> <p>5. Oath or Declaration [Total Pages 3]
a. <input checked="" type="checkbox"/> Unexecuted (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Copy (CRF)
b. Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
ii. <input type="checkbox"/> paper
c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
|--|---|

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Non-Provisionalof prior application No.: **60/427,818** filed **November 19, 2002**

Prior application information:

Examiner:

Group Art Unit:

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22896	or <input type="checkbox"/> Correspondence address below
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Name	Hugh J. Pasika				
Address	Applied Biosystems				
	850 Lincoln Centre Drive				
City	Foster City	State	California	Zip Code	94404
Country	US	Telephone	650-570-6667	Fax	650-638-6677

Name (Print/Type)	Jeffery D. Frazier	Registration No. (Attorney/Agent)	34,601
Signature		Date	11/19/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Complete if Known

Application Number	To be assigned
Filing Date	November 19, 2003 (herewith)
First Named Inventor	Barnett B. Rosenblum et al.
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	4992-1US

TOTAL AMOUNT OF PAYMENT (\$ 1,498.00

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number: 01-2213
Deposit Account Name: Applied Biosystems

- ☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:
☐ Check ☐ Credit card ☐ Money ☐ Other Order

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	770.00
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$ 770.00

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	27	-20**= 7	X 18	126.00
Independent Claims	10	-3**= 7	X 86	602.00
Multiple Dependent				0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 728.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.	
1053 130	1053 130	Non-English specification	
1812 2520	1812 2520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1840*	1805 1840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1480	2254 740	Extension for reply within fourth month	
1255 2010	2255 1005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1510	1451 1510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1330	2453 665	Petition to revive - unintentional	
1501 1330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee for provisional applications	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0

SUBMITTED BY

Name (Print/Type)	Jeffery D. Frazier	Registration No. (Attorney/Agent)	34,601	Telephone	638-6722
Signature		Date	11/19/2003		

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.